



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	MACSS Case ID:
Petitioner:	Employer/Payor Name:
SSN/DOB: vs.	
Respondent:	Employer/Payor Address:
SSN/DOB:	(Date File Stamp)

Voluntary Income Assignment

To: ☐ Employer ☐ Payor: _____

I, _____ ☐ Intervenor ☐ Petitioner ☐ Respondent,
assign, transfer and set over part of my income to _____ ☐ Intervenor
☐ Petitioner ☐ Respondent, in the sum of \$ _____ per _____ which includes the
sum of \$ _____ per _____ to be applied to an arrearage of \$ _____
until such arrearage is paid in full at which time the sum assigned shall be reduced to \$ _____ per
_____.

You, the ☐ employer ☐ payor are directed to issue checks for the amount to be withheld payable to Family Support
Payment Center and mailed to P.O. Box 109001, Jefferson City, MO 65110-9001.

This voluntary income assignment shall become effective once it is served on the employer or payor. I understand that my
employer or other payor may withhold an additional \$6.00 per month for costs incurred.

Date

Signature of Employee or Payee

Address

Voluntary Income Assignment Certificate of Service

I ☐ certify ☐ swear or affirm that a copy of this document was ☐ mailed ☐ personally served on _____ (date)
by ☐ registered mail postage prepaid ☐ certified mail postage prepaid ☐ certified mail return receipt required to
(Person/Address)

Date

Signature

☐

Petitioner

☐

Respondent

☐

Attorney

Note:

The petitioner, respondent or attorney should cause this voluntary income assignment to be served on the employer. The circuit clerk does not mail or serve a voluntary income assignment.

Service may be shown by acknowledgement of receipt, affidavit or by written certificate of counsel making such service.